

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:
CNML-12-804A
MP 12-204A

2. STATE
CNMI

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
1-01-12

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447 Subpart F here
for outpatient hospital services.

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 375k
b. FFY 2013 500k (tus) 1M 500k

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 4.19B - Pages 1 to 6.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

COST REIMBURSEMENT FOR MEDICAID HOSPITAL OUTPATIENT SERVICES.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: ESTHER S. FLEMING

14. TITLE: SPECIAL ASSISTANT FOR ADMINISTRATION

15. DATE SUBMITTED: 3/29/12

16. RETURN TO:

ESTHER S. FLEMING
SPECIAL ASSISTANT FOR ADMINISTRATION
OFFICE OF THE GOVERNOR
CALLER BOX 10007
JUAN A. SABLAN BLDG
CAPITAL HILL
SAIPAN, MP 96950

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/29/12

18. DATE APPROVED: SEP 20 2012

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/12

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Gloria Nagle, Ph.D. MPA

22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and ink Change, Boxes 1, 6, 7, 8 and 15